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PTO/SB/21 (09-04)
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Under the Papery are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/559,894 **TRANSMITTAL** Filing Date June 3, 2004 (IA) First Named Inventor **FORM** Gary W. Ferrell et al. Art Unit **Examiner Name** (to be used for all correspondence after initial filing) Attorney Docket Number SEZ-022 Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)												
	Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s)			Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Colarks	ion e Address	Petii	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): tion; Declaration; Statement acts w/ Exhs. A and B; and C; urn Post Card					
		SIGNA	TURE	OF APPLICANT, ATTO	ORNEY, C	R AG	ENT					
Firm Name Law Offices of Schr		· · · · · · · · · · · · · · · · · · ·										
Signature Aclement												
Printed name		Thomas Schneck										
Date		June 6, 2006			Reg. No.	24,	518					
CERTIFICATE OF TRANSMISSION/MAILING												

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Effective on 1		Complete if Known											
Fees pursuant to the Consolidated Ap		Application Number	894										
FEE TRAN	NSIVII I A	۱L	Filing Date June 3, 2004 (IA)										
For F	2005		First Named Invento	or Gary V	Gary W. Ferrell et al.								
Applicant plains and Haratha		.7	Examiner Name										
Applicant claims small entity	status. See 37 CFR 1.2		Art Unit										
TOTAL AMOUNT OF PAYMENT	(\$) 250.00		Attorney Docket No	. SEZ-0	22								
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: 19-0590 Deposit Account Name: Schneck & Schneck													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
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FEE CALCULATION													
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES													
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Plant 200		300	150		80 -		-						
Reissue 300		500											
Provisional 200 2. EXCESS CLAIM FEES	100	0	0	0	0 -	S							
Fee Description							III Entity ee (\$)						
Each claim over 20 or, for Reis						50	25						
Each independent claim over 3 Multiple dependent claims	or, for Reissues, each	n indep	endent claim more	than in the o	riginal paten	t 200 360	100 180						
Total Claims Extra C	laims Fee (\$)	Fee	Paid (\$) M	ultiple Depen	dent Claims	300	160						
20 or HP =	x	=		Fee (\$)	Fee Paid	<u>(\$)</u>							
HP = highest number of total claims p Indep. Claims Extra C		Fee	Paid (\$)										
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3. APPLICATION SIZE FEE If the specification and drawi	ngs evceed 100 sheet	e of na	ner the annlication	size fee due	ic \$250 (\$12	5 for small	entity)						
for each additional 50 she							citity)						
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4. OTHER FEE(S) Fees Paid (\$)													
Non-English Specification, \$130 fee (no small entity discount) Other: Late declaration (\$130); 1-month time extension (\$120) \$250.00													
Other: Late declaration (\$130); 1-month time extension (\$120) \$250.00													
SUBMITTED BY													
Signature Thom	ras Soline	1	Registration No. (Attorney/Agent) 24,	518	Telephone (4	408) 297-97	33						
Name (Print/Type) Thomas Schneck Date June 6, 2006													

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